

## **Application Data Sheet**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: CUSTOM FIT SALE OF FOOTWEAR

Attorney Docket Number:: 005127.00033

Request for Early Publication?:: NO

Request for Non-Publication?:: YES

Suggested Drawing Figure:: 1

Total Drawing Sheets:: 4

Small Entity?:: NO

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

## Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Daniel  
Middle Name:: R.  
Family Name:: Potter  
Name Suffix::  
City of Residence:: Forest Grove  
State or Province of Residence:: Oregon  
Country of Residence:: USA  
Street of mailing address:: 1604 Birch Street  
City of mailing address:: Forest Grove  
State or Province of mailing address:: Oregon  
Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 97116

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: USA  
Status:: Full Capacity  
Given Name:: Allan  
Middle Name:: M.  
Family Name:: Schrock  
Name Suffix::  
City of Residence:: Portland  
State or Province of Residence:: Oregon  
Country of Residence:: USA  
Street of mailing address:: 3917 N.E. 7<sup>th</sup> Avenue  
City of mailing address:: Portland  
State or Province of mailing address:: Oregon

Country of mailing address:: USA  
Postal or Zip Code of mailing address:: 97212  
  
Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
Name Suffix::  
City of Residence::  
State or Province of Residence::  
Country of Residence::  
Street of mailing address::  
  
City of mailing address::  
State or Province of mailing address::  
Country of mailing address::  
Postal or Zip Code of mailing address::

### **Correspondence Information**

Correspondence Customer Number:: 22909

### **Representative Information**

Representative Customer Number:: 22909

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

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### Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

### Assignee Information

Assignee name:: NIKE, Inc.  
 Street of mailing address:: One Bowerman Drive  
 City of mailing address:: Beaverton  
 State or Province of mailing address:: Oregon  
 Country of mailing address:: USA  
 Postal or Zip Code of mailing address:: 97005-6453